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LECTURE ON RUBEOLA.

DELIVERED BY W. W. GERHARD, M.D., PHYSICIAN TO THE PHILADELPHIA HOSPITAL.

A VERY UNUSUAL affection in general hospital practice has lately claimed your attention, I mean *rubeola*. To see it pervading epidemically the wards of adults is a phenomenon which I have never before witnessed, and hardly expect again to observe; as it is a disease which usually appears but once during life, and is generally confined to childhood. During the last six weeks, however, there have been as many as seven or eight cases in my single service, and three or four in the other wards. My recent cases were as follows:

Morris, a man of nearly forty; Perry, a lad of eighteen, and three others nearly of the same age.

Previous to detailing the symptoms which characterize *rubeola*, I shall make a few remarks on its pathology. The pathology of measles, like that of other exanthematous affections, is to be divided into two parts, one comprising the morbid changes in the body, which are characteristic of and essential to the disease, the other being those which are merely accidental. The first are of course to be looked on as pathognomonic.

The description of the affection, given by Sydenham, is so good, and agrees so accurately with its appearances, at the present day, that I shall read it to you at length, and adopt it, in most particulars, in preference to more modern accounts. It cannot be amended materially, except by examining the symptoms with the aid of the numerical method; a task which, at present, I am not able to undertake.

This excellent description of Sydenham's shows his powers of observation in favorable contrast with some of modern times. His general account of the disease holds good in the cases which we observed at the hospital. Thus, our symptoms of the first day, like his, were chilliness and cold shiverings. The second day we had the catarrhal symptoms, connected with coryza and the flow of tears, as described by Sydenham. This is the best sign to distinguish measles, in its incipient stage, from other exanthemata. In this stage, the other exanthematous affections offer no mark by which they can be diagnosed with any certainty. They have, at this time, numerous symptoms in common, including some belonging to other febrile diseases. Thus, in scarlatina, the sore throat is by no means sufficiently characteristic, and smallpox may, at its commencement, be very readily mistaken for typhoid fever. Dr.

Louis, who certainly is most accurately familiar with typhoid fever, has more than once mistaken for it the incubation of smallpox.

The symptoms that follow, as the sick stomach, loss of appetite, slight cough, heaviness of the head and eyes, occur now just as they did in the time of Sydenham. The only irregularity in Sydenham's description consists in the large red wheals, which have not, in our cases, made their appearance, nor have I often observed them. The swelling of the eyelids continues the same. The vomiting occurs particularly in children, and not in adults; we did not notice it in these cases. Looseness of the bowels is the next symptom mentioned. This is not now a constant symptom in the early stages of measles, but, it is to be recollected, that the descriptive account of the disease by Sydenham has reference to an epidemic which took place in 1670. The diarrhœa I set down as an accidental symptom, and, as such, it probably complicated the epidemic of that year.

We next pass to his description of the eruption, which he characterizes most accurately. We have it now, as then, appearing first in the form of red spots, resembling flea-bites, which gradually coalesce into semicircular, crescentic, and circular shapes, showing themselves first on the face, and spreading thence over the rest of the body. As the eruption increases, there is a diminution of the other symptoms. The eruption is found in the mouth and throat, as well as on the skin. In the cases of the negroes, it was of course detected only in the eyes and throat. In the pharynx and palate, as elsewhere, the eruption was not so much elevated above the epithelium, as it is above the surface of the skin. The next part of the description is doubtful—that is, the mode of disappearance of the eruption. It does not disappear on the eighth or ninth day, as alleged by Sydenham, for traces of it remain for some time afterwards, in copper-colored spots, as shown in the cases in our wards; even after the spots entirely disappear the skin remains rough and dry. I do not at this time intend to go more largely into the ordinary symptoms of measles, for I can scarcely add anything to the graphic description which I have read to you from Sydenham. While at Paris, and at the Hospital des Enfants Malades, I collected a mass of observations on this subject; but, not yet having been able to analyse them, I must defer presenting them to you to some future time. I shall now call your attention to two of the accidental symptoms which may complicate the regular course of measles and often become the sources of great danger.

The first is bronchitis, of a severe character. A slight bronchitis may be looked upon as a necessary symptom of the disease; it is to be deemed accidental, when it appears under an aggravated type, or when the inflammation runs into the parenchyma of the lungs, and takes on the form of lobular pneumonia, which is similar to the pneumonia following the bronchitis of young children. This accidental symptom occurred in the man Morris, whom you recollect in the first ward, about the eighth or ninth day, when the eruption was fading, and our attention was directed to the development of moist rhonchi on the right side of the chest, showing the existence of severe bronchitis, with considerable

dullness on the middle and posterior part, and some on the anterior region, of the left side—a common seat of lobular pneumonia in measles. Instead of getting well, the man has remained ill, in this state, exemplifying the general rule, that, when lobular pneumonia is developed, after the subsidence of the eruption, it lasts for a considerable length of time. The signs, by which its appearance is to be detected, are dullness on percussion, with a sub-crepitant rhonchus and a slightly bronchial respiration. In place of attacking the mass of the lung, and rendering it solid, the inflammation appears in the isolated lobules, leaving amongst them portions of the lung still permeable to the air, which prevent the development of loud bronchial respiration. The respiration, in the very early stages of the disorder, and in the portions of the lungs which are not inflamed, is not lost, but rendered louder, and roughened.

In the case of the boy Perry, the pneumonia appeared on the eleventh day of the disease, after the eruption had entirely subsided, no traces of it being left but a few copper-colored spots. His right lung was attacked, as is commonly the case; perhaps, from its greater size, and from the circumstance of the patient's lying upon the right side. The lower, and not the middle and upper lobes, was attacked; in this respect, as well as in others, it is like ordinary pneumonia, but differs from it in the loudness and looseness of the crepitus, which ceases in regular inflammatory pneumonia, as soon as the entire substance of the lungs becomes solidified. In this boy's case, as in that of Morris, convalescence has been very slowly established, and is yet by no means perfect; he is still lingering in a somewhat critical condition. In the case of Morris, I entertained, for a time, some fear of the existence of tubercles, the development of which is thought to follow attacks of measles; I say, is thought, for I am by no means certain that there is any necessary connection between the two affections.

The treatment proper to meet this complication of measles, is necessarily various. At the Hospital des Enfants Malades, during my residence, local depletion by cups and leeches was largely employed by Dr. Guersent. But the debility, consequent on this mode of treatment, was favorable to the reproduction of the disease in other parts of the lungs, especially as the pneumonia was observed almost invariably in children of feeble constitution. The proper rule for the employment of leeches, is to confine it to cases in which there is excessive dyspnoea, and a rapid extension of the pneumonia is going on. It extends through the lung most rapidly, in stout, robust children, and in them leeching does good. In the ordinary lobular pneumonia, as well as in that which follows measles, after one or two cuppings, the best treatment consists in small doses of ipecacuanha. By persevering with this remedy, until the expectoration, or rather the secretion (for with children there is no expectoration, as they swallow the discharge), is free, the patient is relieved, and we may then complete the cure, by the exhibition of tonics and a generous diet. Above all, attention is to be directed to position. If the child lie constantly on its back, the development of pneumonia is almost certain. It must, therefore, be moved frequently from one side to the other, and be from time to time raised in bed or carried about. In all

dition to ipecacuanha in expectorant doses, the sulphate of quinine and some preparation of iron, in small quantities, may be given, combined with a generous diet, if the child should become feeble, and the quantity of red blood should diminish. You will find, that in my lectures, gentlemen, I am not at all disposed to insist on too rigid a diet. I have seen so much mischief result from the continued enforcement of a rigid diet, in the mode of practice which was prevalent in France a few years ago, that it is with great caution, and no little fear, that I venture upon it, except for a short period. In some of the wards of the *Enfans Malades*, the practice was to place the children on a rigid diet, and the results were certainly far from favorable.

In the cases under notice, by pursuing the practice indicated, we have in a great measure succeeded in getting rid of the accidental symptoms. But there is still some cough, and other traces of lingering bronchitis. What is now the proper treatment? It should be principally hygienic. The patients are to go freely into the open air, taking internally, at the same time, some of the milder tonics.

The next accidental symptom, likely to complicate the course of measles, is severe diarrhœa, near to the close or after the termination of the disease. At the *Enfans Malades* the children died in two ways, when measles proved fatal; of lobular pneumonia, during the active period of the affection, and of diarrhœa, at the end of it. The lobular pneumonia usually showed itself at about the sixth day, the bronchitis appearing much earlier; but the diarrhœa did not come on until the eruption was almost over, and desquamation was taking place. If this diarrhœa be but slight, no danger need be apprehended from it, and we rather avoid much interference with it. Indeed, it is generally looked upon as a safeguard to the child, and is, therefore, suffered to run on. But I do not consider the diarrhœa as slight and not to be checked, if it exceeds four, five, or six stools during the day, and continues until it is accompanied by emaciation of the child, with paleness and dryness of skin. This variety of diarrhœa depends upon a particular state of the mucous membranes, in which they are pale and soft, seeming to be acted on by the altered fluids in the body, and instead of being themselves the seat of very active disease. I showed you the other day, at an autopsy, a similar state of the mucous membrane, but occurring in the stomach; in this case, however, it was probably produced by the action of the fluids after death. This state of the mucous membranes, as it occurs in measles, I do not regard as an effect of inflammation, nor is it to be treated as such. Depletion, of any sort, here does no good, nor do remedies especially directed to the bowels always prove of much service. You must act on the skin until its functions are restored, and for this purpose nothing is better than the sulphur bath, made by dissolving the sulphuret of potassa in water. I have seen children recover, at the *Enfans Malades*, under this treatment with astonishing rapidity. It not only relieves the particular symptom, to which it is addressed, but much improves the general condition of the patient. Indeed, it was remarked by Jadelot, that the same remedy, employed for the management of the itch, not only cured that affection, but besides

left the patient in a general state of health and embonpoint. If the sulphur bath cannot be administered, one of warm salt water may be substituted. In addition to this treatment, adapted to the skin, slight opiates may be resorted to, with small doses of ipecacuanha, and astringents, which are supposed by some to act chemically upon the bowels. But depletion, by leeches or cups, must be abstained from, and the diet must be nutritious.

The last variety of accidental lesion, which occurs during measles, is acute diarrhoea during the height of the affection. This complication we have not witnessed during the epidemic at the hospital, though it was a very frequent occurrence at the *Enfans Malades*, in 1832, which was just before the cessation of the Asiatic cholera at Paris. This epidemic of measles was probably similar in its character to that described by Sydenham. It is dependent on acute inflammation of the colon, and shows itself at the most severe period of the eruption; it is attended, generally, with the usual symptoms of dysentery, considerable pain, stools of small quantity containing slime, sometimes patches of false membrane, and blood; in fact, we have a regular attack of acute dysentery, complicating the measles. This complication is, I believe, most apt to occur in the summer months of the year. That is, measles are subject to the general rule of pathology, which determines the nature of the accidental symptoms, attending self-limited diseases. Thus, in the typhous fever, which was epidemic here during 1836, and part of 1837, we had, during the winter, symptoms of the acute affections most usual in winter, as those of the chest, and, in summer, it was complicated with diseases which are endemic in hot weather, as dysentery and disorders of the alimentary canal. Neither of these affections was in any manner a necessary accompaniment to the typhus. The complications of measles follow the same rule, except that both the inflammations of the lungs and the bowels are more frequent than in typhous fever; we have, in other words, very generally, lobular pneumonia occurring in the measles of winter and early spring, and affections of the alimentary canal when the epidemic takes place in the summer months, particularly July and August.

The post-mortem appearances, in this affection, differ from those of ordinary diarrhoea. If closely examined, the colon and rectum are found to be covered with patches of lymph, and their mucous membrane is much disorganized, and of a violet tint, as in severe dysentery. So universal were these appearances on dissection, during the epidemic at the *Enfans Malades*, to which I have just alluded, that a gentleman, who was observing it, thought that he had discovered a new law of pathology, and that there was a constant connection between rubéola and inflammation of the colon. He was, however, mistaken, and from his mistake we may infer the importance of observing with care the phenomena of several epidemics, and of again and again repeating these observations, before we allow ourselves to make from them any general deductions.

The treatment at the *Enfans Malades*, for this dysenteric affection, was the same that is employed in ordinary dysentery. It was attended

with no great success, but it must be remembered that severe dysentery is at all times a difficult affection to treat. The remedies, however, should certainly be the same in the complication we have been speaking of, as in the common variety. In the early stage, we must have recourse to antiphlogistics, with some fearlessness, by leeches and cups to the region of the colon and the anus. This dysentery differs essentially, as I have before said, from the diarrhoea, occurring at the close of measles, and we are to have no fears here about the propriety of an energetic antiphlogistic treatment; it affords prompt and great relief. We may afterwards administer opiates in very small quantities; and moderate doses of ipecacuanha. Calomel is so rarely employed in France, that I have never seen it prescribed in these cases, and have not been able to test its efficacy in this affection, frequently enough to speak of the advantages of using it. The after management of the dysentery of measles is much the same as in common dysentery, except that the former will be found to be of greater obstinacy than the latter usually is.

From these details, then, we deduce the following corollary. In measles, as in other diseases of known duration, we have one constant set of symptoms, as the eruption, and febrile movement with anorexia, thirst, restlessness, &c.; and next, a series of accidental symptoms, which extend from the slight bronchitis, necessary to the affection, to severe bronchitis and lobular pneumonia, and from the slight necessary diarrhoea to diarrhoea of the sub-acute form, and severe inflammatory dysentery. It is to these accidental symptoms that you are to pay particular attention; and by doing so, I am persuaded you will much diminish the mortality of measles, which depends, as in typhous fever and smallpox, on the severity of the accidental complications.

There remain to be noticed some varieties of measles, not observed here in the late epidemic. The first variety may occur in the other exanthemata, and consists in an imperfect development of the eruption. This is not so frequent in measles as in scarlatina; but we have occasionally coryza, a flow of water from the eyes, and cough, with but a very slight eruption, or one that is confined to the face. This is still a genuine, although an anomalous form of measles.

The second variety consists in the severe complication of internal inflammation with an eruption, which disappears soon after the beginning of the disease, and may be looked upon as suppressed. You will have universal bronchitis, the whole mucous membrane being affected with inflammation of an intense character, instead of the usual slight blush. We have then a grave internal affection, occasioned by the want of action on the surface of the body, the disease being, as it were, concentrated in the internal organs. This variety is always attended with great danger. It is to be treated by active counter-irritation of the skin, to supply the place of the absent eruption; for this purpose sinapisms, the warm bath, and the like remedies, are to be resorted to.

The third variety is the black measles, or *rubeola nigra*. This is a real variety. It occurs in feeble children, in whom the blood is in a dissolved state, as from scurvy; or it may depend on the sudden de-



velopment of lobular pneumonia, preventing the proper decarbonization of the blood in the lungs, and giving it a general dark tint.

These varieties are almost the only ones that you will meet with in practice, and on which it is, therefore, proper to dwell. Rubeola sine catarrho I have never seen, nor do I believe in its existence. Some change in the bronchial mucous membrane is always to be detected; there is a dry rhonchus indicating a thickening of it, or we have at least some traces of a moist secretion. Cough is not a necessary attendant upon a slight bronchitis. It is impossible to decide with certainty upon its non-existence without a very careful examination, and I suspect it is the absence of close observation that has given rise to the variety of rubeola sine catarrho.

I have presented to you to-day but few clinical illustrations, as I was desirous of giving you a somewhat detailed descriptive notice of measles, a disease of so frequent occurrence, and which now prevails epidemically. I have insisted particularly upon the importance of the accidental symptoms which are most frequent, although other organs, as the brain and the wind-pipe, are sometimes the seat of grave lesions, but they are not usually so much affected as the thoracic and abdominal viscera. There is another complication which is not rare in some epidemics, that is the gangrenous sore mouth of children, of which I shall treat at a future time.

Measles is perhaps a more frequent cause of after ill health than any of the other exanthemata. The bad effects of smallpox and scarlatina are usually confined to the course of the disease; they destroy life at this time or soon after. But measles, though less dangerous during the eruption, may leave behind it greater organic lesions than either of the others. The effects of lobular pneumonia and diarrhoea are not easily got rid of; and, after a supposed convalescence from measles, we but too often see our little patients wasting away from emaciation, and, after a lapse of a few months, perish from the consequence of one or other of these dangerous complications.—*Medical Examiner*.

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#### DR. SIGMOND ON EMETICS.

EMETICS deservedly hold a very high station among our therapeutic agents, and have been from an early period employed in medicine; they may be useful either by the nausea they produce, or by the relief which they give to an overloaded stomach. The different states that follow upon their administration are characterized by peculiar symptoms. In the first, or nauseating stage, all the actions by which life is carried on are less energetically performed, and the functions of the different organs are visibly diminished in power. The circulation is less active, the pulse is slow, oppressed and contracted; the capillary vessels are scarcely injected, so that the face assumes either a deadly cast, or a blue appearance; cold, clammy sweats burst forth, the eyes lose their lustre, the lips their natural hue; rigors supervene, the nervous energy is controlled, the highest courage broken down, for both the corporeal and

mental powers become momentarily enfeebled, and life ceases to be a source of desire ; this nauseated state may be kept up for days and for weeks in individuals of peculiar susceptibility, during which death is not unfrequently prayed for, as a release from suffering, but as soon as vomiting occurs, an alteration takes place, which may be either momentary or permanent ; the whole system is roused into action, and every organ is relieved.

The ineffectual efforts to vomit, which are known by the name of retching, are both distressing and dangerous, and therefore demand every assistance that can be given. Some persons who would quickly be destroyed by the train of miserable sensations that are consequent upon nausea, are very much relieved by complete evacuation of the stomach. There are some diseases, however, in which keeping up for some time this nausea is necessary ; and although the means of cure are almost as dreadful to bear, as are the complaints that are made, they must be endured with patience and with submission. The deadly nausea kept up by ipecacuan, or antimony, will sometimes diminish inflammation which would not yield to remedies apparently more active. Thus, occasionally inordinate action in the lungs, or active disease of the eye, is more advantageously controlled by these remedies than by any other ; the fluid in abscesses has been rapidly absorbed ; diseases of the skin alleviated and cured ; purulent ophthalmia has been checked, dropsical effusions dispelled, inflammation of the substance of the brain and its investing membranes has yielded to such treatment, and more particularly if the nausea be mechanically produced, instead of by introducing into the stomach the remedial agent. The worst states of disordered functions of the brain have received their cure from the keeping up in the stomach a constant nausea, by obliging the sufferer to submit to unwonted motion, either by swinging, by being obliged to ride, or to run within the limits of a very small circle.

It is singular to observe the idiosyncrasies of different individuals with regard to the production of this feeling ; with some the riding in the carriage, the movement of any glittering object before their eyes, peculiar sounds, will cause it. Sympathy, or association of ideas, will most strikingly influence this action, even in the strongest frame ; but the power of the will sometimes counteracts the effects, and a determination to exhibit self-command has been known completely to control the sickness even under very trying circumstances.

Those substances only are defined emetics which act by their own innate power, and which do not cause the evacuation of the stomach either by their great bulk, their nauseating taste, their fetid odor, which do not injure the power of the stomach, nor leave behind them any deleterious effect ; otherwise a vast number of mineral and vegetable bodies would be enumerated in this class, which the stomach rejects from the *vis insita* which teaches it that the substance would, if allowed to traverse the circulation, put a stop to the great principle of life. It would appear from some instances, though they certainly are very rare, that individuals have possessed the power of causing the food swallowed to regurgitate without any inconvenience to themselves, and hence to



have assimilated to that class of animals which are called ruminants, from their voluntarily throwing back the food they have already swallowed, into the mouth, for the purpose of undergoing a second mastication. This chewing the cud, as it is termed, is natural to grazing quadrupeds possessing many receptacles, to which the name of stomach is applied.

The best narrative of one of these cases in the human subject is to be found in one of the volumes of the "*Philosophical Transactions*;" and Dr. Small, the narrator of the phenomena which were exhibited, cites several instances.

The circumstances are various under which the stomach relieves itself, but neither do simple distension, from over-feeding and gluttony, nor acrid substances, necessarily induce this inverted action; life is sometimes suddenly terminated by apoplexy, or by simple distension, without any effort of the organ to unload itself; thus we learn from Sir Everard Home, that a child left by the nurse close to an apple pie, actually eat so enormous a quantity as to fall dead in a few minutes. Upon a close examination after death no remarkable appearances presented themselves, with the exception that the stomach was enormously distended by the pie.

Another instance of this kind is quoted by Wildberg, as it became the subject of a medico-legal inquiry. A very corpulent person, after eating a very hearty dinner, suddenly died; it was well known he did not live happily with his wife, and, therefore, suspicion was excited that she had attempted to rid herself of him by poison. The account that his wife gave of his death was, that no sooner had he despatched his dinner than he dropped off into a sleep, from which, before many minutes had elapsed, he suddenly woke up, called out for fresh air, exclaimed that he was dying, and before the physician who was summoned could reach him, he was actually dead. Upon the examination Wildberg found the stomach so enormously distended with hain, pickles, and cabbage soup, that when the abdomen was first laid open nothing was at first visible but this swollen stomach and the distended colon. At first some observation was excited by the discovery of a whitish powder, deposited in the folds of the stomach, and it was suspected that it would prove to be arsenic, but upon analysis it turned out to be magnesia, which he was in the frequent habit of taking; the pressure of the contents of the abdomen had pushed the diaphragm high up into the cavity of the chest; the brain, which was carefully examined, exhibited no traces of any alteration of structure, nor of any particular congestion.

Rupture of the stomach is more likely to occur, but even this is an unusual circumstance; it has, however, been known to follow both upon distension and upon ineffectual efforts to vomit. Lallemand, in his "*Inaugural Dissertation*," relates a very remarkable instance. A female, who had just recovered from a long attack of dyspepsia, was foolish enough to attempt to make up for her long restriction in diet by taking an inordinate quantity of food. In a very short time she was seized with a sense of oppression and weight in the stomach; there was nausea, with fruitless attempts to vomit. She suddenly uttered a piercing

shriek, exclaimed that she felt her stomach tearing open; she then ceased to make any effort to vomit, became insensible, and died in the course of the night. There was found in the stomach a laceration five inches long, and a great deal of half-digested food had escaped into the cavity of the abdomen. In this case the pylorus was found indurated, which had doubtless been the cause of the dyspepsia, and may likewise account for the stomach being unable to pass the food into the duodenum.

Where full vomiting takes place without any particular sensation, and where the nausea has not been of a distressing nature, great relief is experienced in very many states of morbid function, and it not infrequently occurs that a complete evacuation of the stomach, such as that which occurs during a protracted sea-voyage, rather promotes the general health than leaves behind any mischievous effect; for a complete ablation, as Cullen has called it, of the plicæ, or folds of the stomach, is its consequence, with the removal of the mucus or sordes that may have long been collected, and served almost as a mechanical impediment to the proper digestion of the food, its conversion into alimentary matter, and its regular discharge into the intestinal canal, the influence extending far beyond the stomach itself, for those important viscera which aid by their secretions the assimilating organs, the liver and the pancreas, are called into action; and with the inverted motion of the stomach the intestines sympathize; they likewise associate their action, and they pour forth from the surface nearest to the stomach their contents, whether they be half-digested food, bile, pancreatic juice, or mucus. At one period it was supposed to be a criterion of the due effect of the emetic when there was a tinge of biliary coloring matter in that which was ejected, or if a taste of great acidity pervaded the mouth and fauces. Some emetics distress individuals more than others, and probably ipecacuan is the one, of all others, best adapted for general use; for, though the preparations of antimony are very valuable to us, and more particularly as they very frequently act, as well upon the bowels and produce copious evacuations, they are very apt to lower the general tone of the system, to produce much nausea and depressing sensations; and this occurs more particularly in young children, in whom, sometimes, great distress is produced and long kept up by these salts. There is considerable attention necessary in fixing the dose of each emetic, observing the time at which it is best administered, and the particular state of the pulse, the secretions, and the skin. A small or medium dose of some of the emetics is to be avoided, for the result is great nausea, with ineffectual efforts to vomit; while an inordinate dose greatly disturbs the stomach, and leaves it in a dyspeptic state; but, of the two, the small dose is most mischievous, for in this case the whole system suffers, whilst, where the great quantity has been given, the organ itself only is affected, and although there will always be a great sympathy between it and the whole frame, still it recovers itself more rapidly, and is soon brought back to its former condition.

The operation frequently takes place some time after the emetic has been taken; ten minutes or a quarter of an hour generally elapse. Although we possess some drugs which instantaneously produce this effect, still we

are seldom desirous that they should be employed, for the more gradual influence is much more useful in the cure of disease. The stomach, in most instances, ought to be allowed to act upon the substance, and by its own chemical power to divest the emetic of such extraneous matter as may be devoid of any active agency; hence ipecacuan is preferred to the emetic principle it contains. Disease has very considerable influence upon the power of each of these agents, independent of idiosyncrasies, which lay individuals more open to the rapid discharge of the stomach. Thus, we generally find that in diseases attended with much fever, vomiting is easily excited; in almost all the exanthematous diseases this is very strongly marked: in persons laboring under smallpox more especially, and small doses only are necessary. On the other hand, in diseases of the brain and of the nervous system, attended with spasm, the difficulty of obtaining this end is very great. In mania, in melancholia, in hypochondriasis, we notice it, and likewise occasionally in epilepsy, in chorea, in tetanus, and in hydrophobia; and in these cases, though the deadliest nausea is produced by tobacco, the vomiting does not occur to give relief. It occurs often, where you have no immediate necessity of giving the emetic, that you may delay it until the following morning, and greatly increase its effect by the administration of a narcotic on the patient's retiring to rest. When the vomiting has commenced it is right to assist the stomach by diluents which have some slight bitterness if possible; hence camomile infusion is so generally used, and the slight tonic effect that is left behind is of service; by such means a general washing out of the viscus takes place, and no remains of the drug employed are left behind to keep up that state of irritation which is the consequence of the want of this proper precaution.

The secondary operation is very serviceable, for the system is gently excited; the perspiration promoted, an inclination to sleep comes on, which, if indulged in, is found to be very refreshing, and from which the individual generally awakens relieved from those impressions from which he has been suffering. That there are many states in which they are very prejudicial there can be no doubt, and that they are doubtful in others; but, upon the whole, they may be considered amongst the most useful of the instruments which have been placed in our hands, and I shall, as I bring each of them before your consideration, dilate upon the advantages we have obtained from its use. I shall not enter upon the theories that have been advanced to account for their operation, for each person has his own, and none are perfectly satisfactory. That the action of emetics is intimately connected with the brain, our knowledge of a vast number of facts has shown to us, and there may be circumstances under which the stomach is a mere passive organ, but this is not universal. That a retarded circulation produces it, inoculation shows, and hence bleeding will often prepare the stomach; but I think we must rather feel that it is not one set of causes that produces its usual action, but that there are many. Magesdie, Darwin, Brown, and many others, have attempted to explain the phenomena, and I am a witness, but to them I prefer referring you rather than to attempt to circulate their views, or to offer my own.

GUACO.

*To the Editor of the Boston Medical and Surgical Journal.*

A PLANT, bearing this name, was discovered several years ago in the mountains of Venezuela, which is said to possess surprising virtue as an antidote to poisons, whether infused by venomous reptile or rabid animal. Silliman's Journal for April, May, and June, 1833, contains a long letter from Dr. Johnson, of Philadelphia, describing its properties, and enumerating the cases in which it is administered with success. Doubtless many of the marvellous stories that are told of its healing powers are fictitious, yet it seems to be too extensively used to warrant the belief that it is a useless herb.

A small quantity of the juice of the above named plant is received, and will be furnished to the Faculty, gratuitously, on application to

EBEN. WIGHT, Apothecary.

No. 46 Milk Street, Boston.

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BOSTON, AUGUST 8, 1838.

## A NEW VOLUME OF THE JOURNAL.

To day is issued the first number of the *nineteenth volume of the Boston Medical and Surgical Journal*. We are reminded of the ceaseless progress of time, by looking at the eighteen volumes of this work. To have had the task imposed of constructing such a mass of matter, would have appeared the labor of a long life; yet by little and little it has accumulated, and instead of considering the obligation we are under to our readers in the preparation of this periodical, in the light of a disagreeable contract, we always refer with pleasure and delight to the hours, days, weeks and years in which we have been engaged in chronicling whatever could be serviceable to the professional reader. The time spent upon these volumes has made a draft upon the most vigorous and buoyant portion of life; however, we look back with no regret, but forward to many more revolving years, with the desire to merit the approbation, of an intelligent medical public, which has invariably been bestowed through the entire series of this Journal.

We very much dislike, in this connection, to allude to the subject of the delinquency of subscribers, as we know that to the majority of our readers such notices have no reference, and are therefore uninteresting to them. But as the amount of subscriptions from this majority is not sufficient to pay the necessary expenses of the Journal, we are compelled either silently to give up a proportion of income which cannot be recovered, or endeavor to convince those who are interested, of the necessity of more prompt payment, occasioned by their neglect. It is by reason of this anxiety that we are compelled to forego, from year to year, the adoption of several plans for the improvement of the Journal, which have long been contemplated, but which cannot be carried into effect without more ample means than are now furnished. It is this cause, also, which

in times past has been the death of so many medical publications in the United States, and from which all are now more or less suffering. Several of them are adopting a remedy for the evil, which, we are inclined to think, must eventually be adopted by all. Notice was given in the last number of the Cincinnati Medical Journal that no numbers of that work would be sent hereafter to any one who had not forwarded payment for one year in advance. The Philadelphia Medical Examiner is published on the same plan. We have never yet fully adopted this method with regard to old subscribers; but are persuaded that in no other way can a periodical of any kind be circulated in distant States without the certainty of a loss which few publishers can afford to sustain. It would be a cause of astonishment to any one not acquainted with such matters, to see the notices, which we are constantly receiving from postmasters, of the removal, to some unknown place, of subscribers whose subscriptions have remained unpaid for different lengths of time. There are several thousand dollars now due for the Medical Journal from such individuals, many of whom, doubtless, send for some other medical work on arriving at their new places, and manage with them in the same way. On this account it would be well for the different medical journals in the United States to publish a list of such individuals, for the benefit of each other. We are glad to see that such a course is to be adopted by the Southern Medical Journal, which we learn from the following notice, copied from the last No. of that work.

"We shall say no more to unjust subscribers at present, but would take this occasion to notify them, that for the benefit of all concerned, we shall publish in our next No. a list of the names of those honest M.D.'s who have, after receiving the Journal six, eight, and some as long as nine months, sent, through the postmaster, their 'refusal,' or who have left their former residences without notifying us, or settling their accounts."

The following paragraph has been published in several periodicals, and so forcibly does it express the truth in relation to a majority of such cases, that we are induced to copy it here.

"He who orders a paper, or periodical, and after receiving and enjoying it for a year or two, changes his place of residence without notifying the proprietor of the fact, or orders a discontinuance without paying up arrearages, is just as guilty of ROBBERY, in the truest sense of the term, as he who breaks into a dwelling-house at midnight, and bears away the plate or jewels thereof."

We are aware that there has been, and still continues to be, much difficulty in some of the Southern and Western States, in procuring paper money which can be used at the North. Where this, or any other reasonable excuse exists, we are always ready, when a disposition to deal fairly is manifested, to accommodate subscribers. This objection need not be urged, however, by any distant subscriber who can procure current bills of the State of New York, for such bills, as well as all current ones in New England, are received without discount. Those of most of the southern cities would also be preferred to a long delay; and, in fact, any kind of bills, if current where issued, would be better than none.

Our correspondents, for whose favors during the last six months we are truly grateful, it is hoped will resume their contributions when the present sultry season is succeeded by one which is more favorable to editorial effort.

*Berkshire Medical Institution.*—An impression has gone abroad that the explosion of a powder magazine near the college edifices, a few weeks ago, essentially injured the property, and proved particularly disastrous to the anatomical cabinet; which is calculated to affect the interests of the school, and perhaps deter many from going there the ensuing term, from a belief that the course of instruction must consequently be defective for the want of valuable objects of illustration. It gives us much pleasure to assure the medical reader that the damage was greatly overrated. Perhaps the prospect was never brighter in any former year, than at present, of doing the students ample justice. A letter from one of the faculty, explanatory of the nature and extent of the damage which the institution sustained, warrants us in speaking very decidedly and positively in regard to the preparations for the forthcoming annual course of lectures—beginning on Thursday, August 23d.

*Guaco Plant.*—It is of considerable importance to have a decided and careful inquiry instituted in relation to the value of the Guaco, referred to in Mr. Wight's communication on another page. As he offers the article freely to all who ask it, it would be well for those who are disposed to test its medicinal virtues, to send seasonably, before the whole quantity in the gentleman's possession is exhausted.

*Stammering cured.*—Dr. Andrew Comstock, at No. 100 Arch Street, Philadelphia, announces the opening of an institution under his care for the relief of stammerers and improvement in elocution. It is probable that some new and perhaps successful mode has been devised, of consequence to that unfortunate class for whom the lyceum is now opened. His references in this city are of a very satisfactory kind.

*Curious Fact.*—The Rev. Lemuel Potter, of the Second Baptist Church in Lowell, communicates the following fact to the Lowell Courier:—A young lady of that city, daughter of Mr. Levi Atwood, who has been sick for some time, and was supposed to be in consumption, on Saturday, the 14th of July, vomited between three and four hundred insects, resembling maggots. Some of these were placed in a bottle of white glass and soon changed into the chrysalis state. On Thursday, July 26, they became the common house fly. The question now arises, how did these common flies introduce their eggs into the stomach of this person? It is suggested that she may have received them upon lettuce, or other food, and that her stomach, being diseased, retained and hatched them. Although strong emetics were given her, no more have appeared since the 14th.

*Horrible Ravages of Smallpox among the Indians.*—The steamboat Antelope, of the American Fur Company, reached St. Louis July 18. The St. Louis Republican says:—"The agent of the company reports that the smallpox had ceased its ravages among the Indians higher up the Missouri River. The Americans are said to be extinct, and most of the Indians have fallen victims. It was believed that more than 1000 had died of the disease, and that it would not stop short of the Rocky Ocean."



**Tubercles.**—Tubercles are not more frequently observed in the lungs of persons who died while affected with pulmonary emphysema, or after long pulmonary catarrh, than in those who have died of other disorders.—*Louis.*

**TO CORRESPONDENTS.**—We beg leave to express our thanks to those gentlemen who have so promptly responded to the request recently made through these pages, that catalogues of medical schools, &c., in the United States, be sent to the address of this Journal. Documents are constantly arriving. We still have more difficulty, however, in obtaining the names of officers in these Societies, than in procuring any other kind of statistical medical information.—The paper on the Avon Springs was received too late for this No.

**DIED.**—In Hagerstown, Md., Dr. Samuel Young, in his 100th year.—Drowned, in the Mississippi, evening of May 20, near Charleston, Wisconsin Territory, Obed Marshall, M.D., formerly of Nantucket, and lately a practitioner of medicine in Charlestown, Mass.

Whole number of deaths in Boston for the week ending August 4, 41. Males, 29—females, 19.  
Consumption, 4—asthma, 1—burn, 1—cholera morbus, 2—cholera infantum, 5—dysentery, 2—matification of the bowels, 1—drinking cold water, 2—infantile, 4—typhoid fever, 1—fit, 1—drowned, 1—dropsy in the brain, 1—accidental, 1—old age, 2—marasmus, 1—teething, 2—dropsy, 1—quinsy, 1—hooping cough, 1—brain fever, 1—bleeding at the stomach, 1—child-bed fever, 1.

# HARVARD UNIVERSITY—MEDICAL LECTURES.

THE Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	Dr. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	Dr. CHANNING.
Materia Medica and Clinical Medicine, by	Dr. BIGELOW.
Principles of Surgery and Clinical Surgery, by	Dr. G. HAYWARD.
Chemistry, by	Dr. WESTBY.
Theory and Practice of Physic, by	Dr. WARR.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

Boston, July 23, 1838. Aug 1—12N. WALTER CHANNING, Dean of the Faculty of Medicine.

# BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Prize Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.	GEORGE HAYWARD, M.D.
RUFUS WYMAN, M.D.	JOHN HARRALL, M.D.
GEORGE C. SHATTUCK, M.D.	ENOCH HALL, M.D.
JACOB BIGELOW, M.D.	JOHN WARR, M.D.
WALTER CHANNING, M.D.	

At the Annual Meeting of the Committee, on Wednesday, August 1, 1838, a resolution of the Board, or a gold medal of that value, was awarded to Edward Warren, M.D., of Boston, for his dissertation on the question, "What are the causes, seat and proper treatment of Myelitis inflammation?"

The following Prize Questions for the year 1839, are before the public, viz.:

1st. "The pathology and treatment of rheumatism."

2d. "What is scrofula? and what is its best mode of treatment?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1839.

The following questions are now offered for the year 1840, viz.:

1st. "The pathology and treatment of typhus, and typhoid fever."

2d. "The pathology and treatment of medullary sarcoma."

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1840.

The author of the best dissertation on either of the above subjects will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The name device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be examined, if called for within one year after they have been received.

By an order adopted in the year 1832, the Secretary was directed to publish annually the names of the authors, viz.:

1st. That the Board do not consider themselves as opposing the freedom of discussion, and that they do not intend to publish the names of the authors of the dissertations to which the premiums may be bestowed.

2d. That in case of the publication of a successful dissertation, the author be invited to print the above vote in connection therewith.

Publishers of Newspapers and Medical Journals throughout the United States are requested to give the above an insertion.

Boston, August 4, 1838.

Aug 5—41

## MEDICAL INSTRUCTION.

Two subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by Dr. CHANNING.  
On Physiology, Pathology, Therapeutics, and Materia Medica, " Dr. WARE.  
On the Principles and Practice of Surgery, " Dr. OTIS.  
On Anatomy, " Dr. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, JR.,  
WINSLOW LEWIS, JR.

Oct. 18—tf

## MEDICAL INSTRUCTION.

Two subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and vesicoid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. FERRY, M.D.  
H. I. BOWDITCH, M.D.  
J. V. C. SMITH, M.D.  
H. G. WILEY, M.D.

July 25—eptN—emtJy

## BERKSHIRE MEDICAL INSTITUTION.

The annual Course of Lectures for 1838, in this Institution, will commence on the 23d of August (the last Thursday but one in the month) and continue thirteen weeks.

The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are, three full years' study under a regular practitioner of medicine; attendance on two full courses of medical lectures, one of which must have been at this school; a defensible thesis on some subject connected with medical Science; an adequate knowledge of the Latin language, and a good moral character. Gentlemen who intend to present themselves as candidates for a Degree are particularly requested to procure full and formal certificates of time.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead from all violation.

Theory and Practice of Medicine, by	HENRY H. CHILDS, M.D.
Medical Jurisprudence and Natural Philosophy, by	CHESTER DEWEY, M.D.
Practical Medicine, by	WILLARD PARKER, M.D.
Practical Surgery, by	ELISHA BARTLETT, M.D.
Medical Jurisprudence and Pathology, by	DAVID FALMER, M.D.
Chemistry, by	ROBERT WATTS, JR., M.D.
Anatomy and Physiology, by	HENRY HUBBARD, Esq.
Legal Medicine, by	

Fee for the Course of Lectures, \$50. Fee for those who have already attended two full courses at an incorporated medical school, \$10. Graduation fee, \$15. Fellows of the Massachusetts Medical Society, and others who have received the Degree of Doctor of Medicine, are admitted gratuitously to the lectures.

R. WATTS, JR., Dean of the Faculty.

Pittsfield, Mass., 20th June, 1838.

1 Aug 23

## FOR SALE.

This house now occupied by Dr. Eli Hall, together with 30 or 40 acres of good land. The house is well constructed, two stories high, almost new, in good style, large and commodious rooms, superior cellar, wood-house, well, carriage-house, and horse-barn attached. Also a variety of excellent, matured fruit trees—cherries, plums, pears and apples. Possession given to suit the purchaser. For particulars can be found more desirable for a physician or lawyer. Terms very low.

For further particulars inquire of J. B. Flint, M.D., Springfield; C. A. Hall, M.D., Northampton; or of Dr. H. No. 55 Kilby Street, Boston, or at the premises.

Pittsfield, Mass., August, 1838.

Aug 3—6w

**THE MEDICAL AND SURGICAL JOURNAL** is published every Wednesday, by J. V. C. SMITH, M.D., at No. 55 Kilby Street, Boston, to whom all communications should be addressed. It contains a variety of original communications, and is published weekly. Price \$2.00 per annum in advance. J. V. C. SMITH, M.D., Editor.—Price \$2.00 per annum in advance, and \$1.00 if not paid within the year.—Agents allowed to sell the Journal.—Orders from a distance must be accompanied by payment in advance or by draft on New York.— postage the same as for a Newspaper.